

Rev. 2/1/2016

STATE MARSHAL SERVICE INVOICE (CO-17M)

Marshal's Name: _____ Invoice #: _____

Marshal's Address: _____

Court Location: Probate at: _____

Docket No.: _____ Date of Service: _____

Case Name: _____

Name of Person(s) Served: _____

Name/Type of Document(s) Served: _____

Mileage Record

From	To (Street Address, City/Town)	Miles

Mileage Total _____

*** * Please attach a copy of Citation and Return * ***

Fees and Mileage

Description	Qty	Price	Amount
Service		\$40.00	
2nd & subsequent services-DIFFERENT address		\$40.00	
2nd & subsequent services-SAME address		\$20.00	
Service notification to Attorney General's Office		\$10.00	
Copy fees		\$1.00	
Endorsement Fees		\$0.40	
Mileage (total from above calculation)		\$0.540	

Total Fees & Mileage \$ _____

I certify that the services have been performed, the expenses incurred as stated were necessary and proper, and that the amounts claimed are those allowed by statute.

Marshal's Signature

(_____) _____
Telephone #

Date

Judge's Signature (Certification)